

# Understanding Why Eating Stops

## A Family Guide



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## Why Your Loved One Has Stopped Eating

If someone you love has stopped eating or drinking, it is natural to feel frightened and helpless. Food is how we nurture, and when a person refuses it, families often worry that their loved one is starving. But in the final weeks and days of a serious illness, the body undergoes profound changes that fundamentally alter how it processes nutrition. **Your loved one is not starving — their body is shutting down its need for food.**

This is not a failure of care. It is a normal, expected part of the dying process, and understanding it can bring tremendous relief to families who are watching someone they love decline.

## What Is Happening in the Body

When a serious illness like cancer, heart failure, or dementia progresses to its final stages, the body enters a state doctors call **terminal anorexia-cachexia syndrome**. This is not the same as the eating disorder anorexia nervosa — it is a biological process driven by the disease itself.

Here is what happens, in simple terms:

- The illness causes the body to release inflammatory chemicals (called cytokines) that suppress the appetite center in the brain. Your loved one genuinely does not feel hungry.
- The digestive system slows dramatically. The stomach and intestines can no longer process food efficiently. Eating may cause nausea, bloating, or vomiting.
- The body can no longer convert food into useful energy the way a healthy body does. Even if food is consumed, it does not build strength or reverse weight loss.
- Muscles waste regardless of caloric intake — this is driven by the disease, not by lack of nutrition.

## The Ketone Shift: Why It Is Protective

When food intake stops, the body shifts from burning glucose to burning fat for energy, producing substances called **ketones**. In a healthy person who is starving, this would be distressing. But in a person who is dying, ketones appear to have a protective effect:

- Ketones have a natural analgesic (pain-relieving) effect on the brain.
- They create a mild sense of euphoria and calm.
- They reduce the sensation of hunger and thirst.

This is why many people at the end of life appear peaceful and comfortable even when they have not eaten for days. The body's own chemistry is providing a form of comfort.

## What the Research Shows

A landmark study published in the Journal of the American Medical Association (McCann et al., 1994) followed 32 terminally ill patients in a comfort care program and found remarkable results:

### Key Research Findings (McCann et al., JAMA 1994)

- 63% of patients never experienced hunger at any point during their terminal illness.
- 62% of patients never experienced thirst.
- Among those who did feel hungry or thirsty, small amounts of food or sips of liquid — or even just mouth care — completely relieved the symptoms.
- No patient required IV fluids or tube feeding for symptom relief.

This study, along with decades of subsequent palliative care research, demonstrates that the dying body does not experience the suffering we associate with starvation in healthy people.

## Why Forcing Food Can Cause Harm

When families encourage eating — or when artificial nutrition is provided through feeding tubes or IV lines — to a person whose body has shut down its ability to process food, the consequences can be significant:

### Risks of Forcing Nutrition at End of Life

**Aspiration:** Food or liquid enters the lungs instead of the stomach, causing pneumonia — a leading cause of suffering and hastened death in patients who are force-fed.

**Increased secretions:** IV fluids and tube feedings can increase fluid in the lungs and throat, causing the distressing "death rattle" sound and making breathing harder.

**Swelling and discomfort:** The body cannot process extra fluid, leading to painful edema (swelling) in the hands, feet, face, and abdomen.

**Nausea and vomiting:** A digestive system that has slowed cannot handle food, causing vomiting and significant discomfort.

**Prolonged dying:** Artificial nutrition may extend the dying process without improving quality of life or comfort.

## What You Can Do Instead

Not feeding does not mean not caring. There are many meaningful ways to provide comfort:

### Mouth Care

- Gently swab the lips and mouth with a moistened sponge swab every 1-2 hours.
- Apply lip balm or a thin layer of petroleum jelly to prevent cracking.
- Offer tiny ice chips if your loved one can swallow safely — even a few drops bring relief.

### Presence and Touch

- Hold their hand. Gentle touch on the forehead, arms, or feet communicates love without words.
- Sit quietly nearby. Your presence is felt even when eyes are closed.
- Speak softly. Hearing is often the last sense to fade — tell them they are loved.



### Familiar Comfort

- Bring familiar scents — a favorite perfume, fresh coffee, or flowers — into the room.
- Play their favorite music softly.
- Read aloud from a favorite book, poem, or scripture.



### The Key Reframe

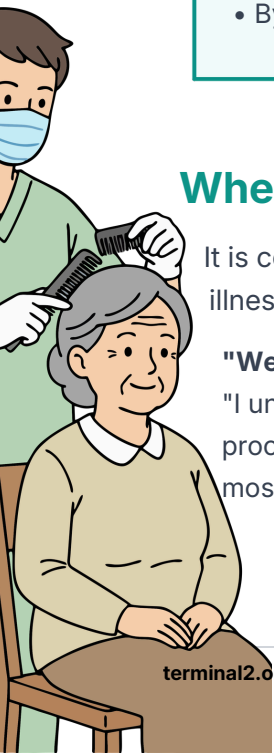
- "Your loved one's body is not hungry."
- Not eating is not causing suffering — it is the body's natural way of preparing for death.
- The most loving thing you can do is keep their mouth moist, hold their hand, and be present.
- By honoring your loved one's body signals, you are providing the deepest form of care.

## When Family Members Express Concern

It is common for family members — especially those who have not been present throughout the illness — to react with alarm. Here are some responses that can help:

### "We need to get her to eat something!"

"I understand — it's so hard to watch. Her doctors have explained that her body can no longer process food, and trying to feed her could actually cause choking or pneumonia. What she needs most right now is having us here. Would you like to help with her mouth care?"



**"He's going to starve to death!"**

"I felt that way too at first. But the research shows that people at this stage don't feel hunger the way we do. His body has shifted into a state that is actually quite peaceful. The hospice nurse can explain more if that would help."

**"Can't they just put in an IV?"**

"IV fluids can actually make things harder — they can cause swelling and more fluid in the lungs, which makes breathing uncomfortable. Keeping his mouth moist gives him the same comfort without the side effects."

**"Aren't we just giving up?"**

"We're not giving up — we're giving the best care possible for where he is right now. Comfort is not giving up. It's the most loving thing we can do."

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Sources:

1. McCann RM, Hall WJ, Groth-Juncker A. Comfort care for terminally ill patients: the appropriate use of nutrition and hydration. JAMA. 1994;272(16):1263-1266: <https://pubmed.ncbi.nlm.nih.gov/7523740/>
2. PCNOW Fast Facts: Anorexia-Cachexia Syndrome
3. Bruera E, et al. Parenteral hydration in patients with advanced cancer: a multicenter, double-blind, placebo-controlled randomized trial. J Clin Oncol. 2013;31(1):111-118: <https://pubmed.ncbi.nlm.nih.gov/23169523/>

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